



PART B - FEE(S) TRANSMITTAL

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08/19/2002

ARLEN L. OLSEN
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| <i>Lisa M. Molloy</i> | (Depositor's name) |
| <i>Lisa M. Molloy</i> | (Signature) |
| 9-12-2002 | (Date) |

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|-------------------------------|---------------------------|---|----------------------------------|--------------------------|
| APPLICATION NO. 09/781,636 | FILING DATE 02/12/2001 | FIRST NAMED INVENTOR Thomas D. Taggart | ATTORNEY DOCKET NO. STBU-3045 | CONFIRMATION NO. 8401 |
|-------------------------------|---------------------------|---|----------------------------------|--------------------------|

TITLE OF INVENTION: APPARATUS AND METHOD FOR PROVIDING CONTAINER FILLING IN AN ASEPTIC PROCESSING APPARATUS

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|-------------------------------|---------------------|--------------------|------------------------|---------------------------|------------------------|
| APPLN. TYPE nonprovisional | SMALL ENTITY YES | ISSUE FEE \$640 | PUBLICATION FEE \$0 | TOTAL FEE(S) DUE \$640 | DATE DUE 11/19/2002 |
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| EXAMINER DOUGLAS, STEVEN O | ART UNIT 3751 | CLASS-SUBCLASS 141-085000 |
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Schmeiser, Olsen &
Watts
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Steuben Foods Incorporated, Elma NY

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0513 (enclose an extra copy of this form).

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